

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Mental Health and Disability Services
Regions Study Report

January 2023

Mental Health and Disability Services (MHDS) Regions Study Report

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THE PURPOSE OF THIS REPORT IS TO SATISFY THE REQUIREMENTS FOUND IN SECTION 107, 2021 IOWA ACTS, CHAPTER 177

The Department shall convene a study committee to evaluate the current mental health and disability region structure and operations in the context of the changes made and the funding provided by this division of the Act. The study shall, at a minimum, review how effectively each mental health and disability services region has implemented the core services outlined in sections 331.397 and 331.397A, including the degree of uniformity of the core services between the regions.

This report was based upon several sources including feedback gathered during the Community-based Services Evaluation performed by Mathematica Policy Research through their contract with Iowa HHS, as well as on information reported by the MHDS regions in their Annual Service and Budget Plans, Annual Reports, and Quarterly Reports.

BACKGROUND ON THE MHDS REGIONS

When the Iowa Legislature passed Senate File 2315 during the 2012 session, counties were required to regionalize; plan, develop, and fund a set of core services; share state and local funding; and plan for expanded services and services to additional population groups as funds became available. Mental health and disability service regions were created through 28E Agreements, governed by members of county boards of supervisors in consultation with representatives of provider agencies and clients and families. The implementation of the new system commenced on July 1, 2014. There are currently 14 MHDS Regions (see Appendix A).

In 2017, SF 504 created a statewide workgroup co-chaired by the Department of Human Services and Department of Public Health that included representatives from law enforcement, mental health and substance use disorder providers, hospitals, the judicial system, NAMI, and the MHDS Regions. The statewide workgroup created “The Complex Needs Workgroup Report” which resulted in the enactment of HF 2456. HF 2456 named the regions as responsible for providing access to and funding intensive crisis services, access centers, assertive community treatment, and intensive residential service homes. The legislation required a minimum of:

- 6 Access Centers that include:
 - Assessment capabilities
 - Residential subacute
 - Residential crisis stabilization
 - Direct access to substance-use disorder treatment
- 22 Assertive Community Treatment Teams
- Intensive Residential Service Homes to serve 120 individuals

In 2018, Governor Reynolds signed Executive Order 2 creating the Children’s System State Board. The Board was directed to submit a strategic plan for building a children’s mental health system with concrete solutions to the challenges that exist relating to children’s mental health in Iowa. The strategic plan resulted in the enactment of HF 690, which established the Children’s Behavioral Health System

and the Children’s Behavioral Health System State Board. HF 690 made the regions responsible for providing access to the following core behavioral health services for children.

- Assessment and evaluation relating to eligibility for services
- Behavioral health outpatient therapy
- Education services
- Medication prescribing and management
- Prevention
- Behavioral health inpatient treatment
- Crisis stabilization community-based services
- Crisis stabilization residential services
- Early identification
- Early intervention
- Mobile response

In 2021, SF 619 changed the way MHDS Regions are funded, from a system based on county property taxes to a 100 percent state-funded system. The bill created a General Fund standing appropriation to the Department for distribution to the Regions through performance-based contracts.

STUDY FINDINGS

I. Lack of Consistent Services Across the State

Initial core services for MHDS Regions were mandated to be implemented by July 1, 2014, with additional core services for children, and for intensive mental health and crisis core services for adults to be implemented by July 1, 2021. While the vast majority of the initial core service domains have been implemented, the core services subject to the July 1, 2021 implementation date have not been fully implemented across the state. Some regions are still in the process of developing these services or have implemented services only in limited areas of the region. The COVID-19 public health emergency has been cited as having a significant impact on regional system development as attention and resources were diverted toward COVID-19 response. Additionally, workforce shortages are also cited as having slowed or prevented providers from developing new services as available resources were often focused on maintaining existing service lines. Conversely, there are areas of the state where access to certain services is over-concentrated. One example is that a single MHDS Region has two access centers within 30 miles of each other while other areas of the state have access to none.

To supplement the mandated Core services, Iowa law also requires regions to make available “Additional Core” services when funds are available. There is inconsistency across regions in the availability of such services and in the level of funding allocated by the regions for these services. An example of this is Civil Commitment Prescreening evaluation; in FY23, seven regions budgeted a total of \$625,129 for the service while the remaining seven regions budgeted \$0. These “Additional Core” services include some justice-involved services such as jail diversion, but they lack consistent definition and vary in access, availability, and approach by region. Current regional scope does not include community-based competency restoration as a required service for adults or juveniles. This least restrictive, community-based service is not provided in Iowa.

Additionally, there is disparity between the availability of services for adults and children. Under existing Iowa law, there are fewer required Core services for children. Most children's services fall under the "Additional Core" category and as such, funding varies from region to region. See Appendix B for status of service availability across regions.

Beyond these services that have been set out in legislation, MHDS Regions also provide a wide variety of other services to eligible individuals to meet the needs of their residents. Examples of such services include transitional living programs, psychiatric medications in jails, transportation, rent subsidies, and residential care facilities (see Appendix C). The type of service and availability varies greatly from region to region.

2. Lack of Consistent Definitions and Implementation of Same Services

One of the major roles of the MHDS regions is to assure access to services for individuals who lack access through Medicaid or other payers. With Medicaid expansion, many individuals who previously utilized regional funding now have access to many of the core services through Medicaid. As such, the role of regions has shifted to cover more of the intensive mental health and crisis core services. However, interpretation and implementation of these services differs across MHDS Regions. An example of this is demonstrated by variability in operation of Mobile Crisis Response services. Three of thirteen mobile response teams operating within the regions are dispatched by and accompanied into the field by law enforcement; a fourth region has opted to provide mobile crisis stabilization by means of a clinician embedded with law enforcement, a model that does not fulfill the requirements as defined in administrative rule; and two regions have been unable to maintain provision of the service.

Another important role of the MHDS regions is the development of services. One facet of this is to provide start-up and sustainability funding that is not available through other payer systems. There are diverse interpretations across regions about what should be included in start-up and sustainability funding. Furthermore, once regions have designated providers for these new services (e.g., ACT, IRSH, Access Centers), they are not always equipped to monitor service and provider standards and conduct fidelity reviews as defined in administrative rule. For example, only 69% of regionally designated ACT teams have completed at least one fidelity review. Beginning in SFY 2022, HHS partnered with the regions on an Evidence-Based Practices workgroup to better define and promote the use of evidence-based practices in service provision. Efforts include additional training opportunities for providers and developing expertise for provider fidelity reviews. This effort is anticipated to lead to improved statewide consistency.

An additional area of inconsistency is with eligibility for services. Financial eligibility requirements for regional services mandate funding of individuals with income at or below 150 percent of the federal poverty level (FPL). Regions may also fund services for individuals with income between 150 percent and 500 percent FPL with a cost-sharing measures such as a copayment or a sliding fee scale. There is variability between regions in the applicability and degree of such additional eligibility criteria.

3. Governance and Administration Across Regions

Because regions originated out of county mental health systems, their governance has been based on supporting the structure necessary for the oversight of a local property tax levy.

Regional governing boards have relied heavily on county boards of supervisors to guide priorities and funding for the region. With the shift to 100 percent state funding, a statewide, data-driven, approach to decision making is needed to ensure consistency, while still relying on local stakeholders to provide input on the needs of the community.

In regional administration, there are inconsistencies in how regional staff are utilized and their specific roles, as well as differences in regional data and accounting systems resulting in what appears to be a wide variance in funding of administration. Approved FY23 MHDS Regional budgets range from \$1.27 to \$7.44 per capita for direct administration spending (\$4.11 median), and from \$0.77 to \$9.81 per capita for regional service coordination staff expense (\$3.40 median). These differences have made it difficult for HHS to make comparisons across MHDS Regions (see Appendix C). During the first quarter of SFY 2023, HHS produced guidance for the regions on tracking of administrative costs, which will enable better comparison between regions in future fiscal years.

4. Lack of Integrated Data

While regions use a common data system, there are longstanding differences in how expenditures have been accounted for, making financial planning and reporting on a statewide basis challenging.

Additionally, there are differences in how regions track service delivery data, causing variability in measuring access to services in terms of timeliness and proximity. Over the past year, HHS and the regions have jointly participated in a data analytics workgroup which has standardized data collection for crisis services beginning in January 2023. HHS and the regions will continue to expand this effort to standardize data collection for other regional services as well.

On a broader scale, it is recognized that MHDS Regions and the Medicaid program often fund services for the same individuals, but data from both sources and other payer systems have not been aggregated to enable system-wide data analysis. Barriers include privacy concerns as well as finding common identifiers to enable data matching. Initial discussions between the regions and HHS have indicated agreement on the need to do this type of comprehensive analysis while ensuring the privacy of individuals receiving services.

RECOMENDATIONS

1. Move Regional Code Language

Because the regional MHDS system evolved from county mental health systems, the governing law resides in Iowa Code Chapter 331, County Home Rule Implementation. With the change to funding through a state appropriation, it would be appropriate to move this code to Chapter 225C, Mental Health and Disability Services.

2. Revise Regional Governance Structure

MHDS Regions are overseen by a Regional Governing Board that includes at least one county board of supervisors member from every county in the region. While this made sense historically due to the reliance on local property tax levies to fund the system, it has become outmoded with the shift to 100 percent state funding. The input of local stakeholders is still vital to provide input on the needs of the community; however, there should be a better balance

between elected county officials and other stakeholders, such as persons who utilize MHDS services and their families, providers, and representatives from law enforcement, judicial, and educational systems. The department recommends that all stakeholders should have voting rights and representation of county elected officials should be limited to no more than 49 percent of the board membership.

3. Require Community Based Competency Restoration as a Core Service

As noted above, many of the initial regional Core services have become more widely available through Medicaid, and as such the role of the regions has begun to shift toward addressing gaps in the system, including an increased focus on forensic and justice-involved services.

Community-based Competency Restoration is a least restrictive, community-based service designed for people who are found incompetent to stand trial and are court-ordered to participate in competency restoration treatment. This service is not currently available in Iowa, resulting in a reliance on the state Mental Health Institutes (MHIs) for competency restoration which contributes to waitlists for services at the MHIs. The department recommends that MHDS Regions be required to develop and fund community-based competency restoration services. Regions should also become responsible for coordination between courts and providers of these services.

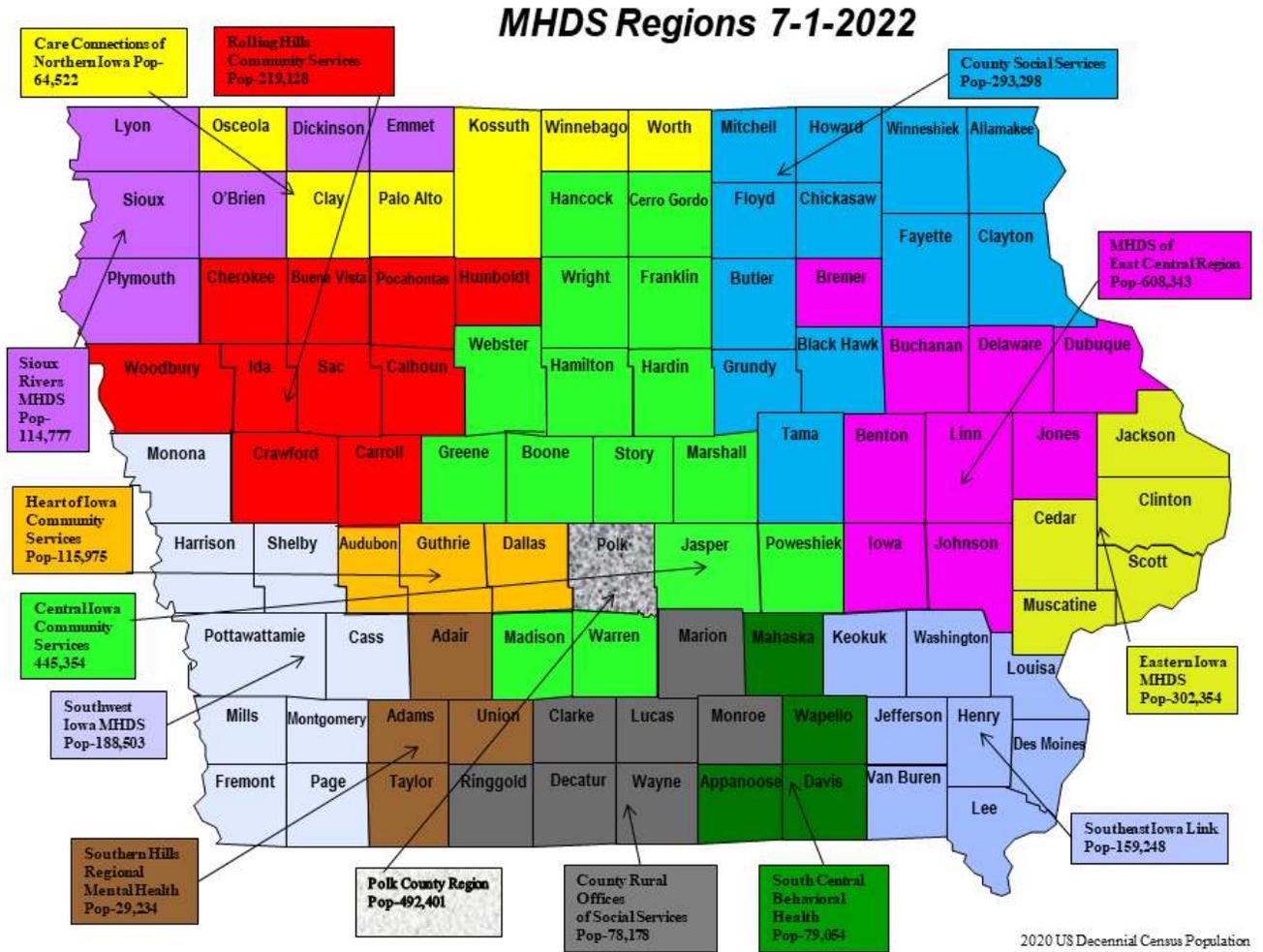
4. Revise the Regional Ending Fund Balance Carryover

2021 Iowa Acts, Chapter 177 (Senate File 619) amended Iowa Code to limit the amount of funds that a region may carryover between fiscal years to five percent of expenditures in the preceding fiscal year. This limit for the fiscal year beginning July 1, 2023, was established to ensure that appropriated funds are not inappropriately retained rather than spent on intended services, but it does allow for limited carryover of funds to meet regional obligations prior to the receipt of state funds. To ensure that regions have adequate cashflow to pay regional staff and providers, and to retain funds set aside for large initiatives, the department recommends raising this limit to ten percent.

5. Eliminate Quarterly Reporting

Senate File 619 also required the department to file quarterly reports to the legislature outlining the status of implementing core services in each region, the accessibility of core services in each region, how each region is using its state funding, and recommendations for improvements to the mental health and disability services system. Because changes in service availability, service access, and expenditures are relatively stable across quarters, reporting at this frequency is largely redundant and is burdensome for HHS staff. The department recommends making this report an annual requirement rather than quarterly.

Appendix A: Map of MHDS Regions



Appendix B: Service Availability

ADULT CORE SERVICES

	Assessment & Evaluation	Case Management	Crisis Evaluation	Family Support	Medication Prescribing & Management	Mental Health Inpatient	Mental Health Outpatient	Peer Support	Supportive Employment	Support for Community Living	24-Hour Access to Crisis Response	Access Center	Assertive Community Treatment	Crisis Stabilization Community Based	Crisis Stabilization Residential	Intensive Residential Service Homes	Mobile Crisis Response	Subacute	23-Hour Observation and Holding
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	N	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	P	P	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	P	Y	Y	Y	Y	Y	P	Y	Y	P	Y	Y	N	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	P	Y	Y	Y	P	P	P	Y	Y	Y	P	Y	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	P	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	N	Y	Y	N	Y	Y
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	Y
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	N	Y	Y	Y	Y	Y

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

ADULT "ADDITIONAL CORE" SERVICES

	Civil Commitment Prescreening	Jail Diversion	Peer Wellness Center
Care Connections of Northern Iowa	P	Y	P
Central Iowa Community Services	Y	Y	Y
County Rural Offices of Social Services	Y	Y	N
County Social Services	Y	Y	P
Eastern Iowa MHDS Region	Y	Y	Y
Heart of Iowa Region	Y	Y	N
MHDS of East Central Region	N	Y	P
Polk County Region	N	Y	N
Rolling Hills Community Services Region	P	Y	Y
Sioux Rivers MHDS	N	Y	Y
South Central Behavioral Health Region	Y	Y	Y
Southeast Iowa Link	Y	Y	Y
Southern Hills Regional Mental Health	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	P

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county
Reporting for these services is optional for regions; services that were unreported were counted as Not Available

CHILDREN'S CORE SERVICES

	Assessment & Evaluation	Behavioral Health Outpatient	Education	Medication Prescribing & Management	Prevention	Behavioral Health Inpatient	Crisis Stabilization Community Based	Crisis Stabilization Residential	Early Identification	Early Intervention	Mobile Crisis Response
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Y	Y	Y	P	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y

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CHILDREN'S "ADDITIONAL CORE" SERVICES

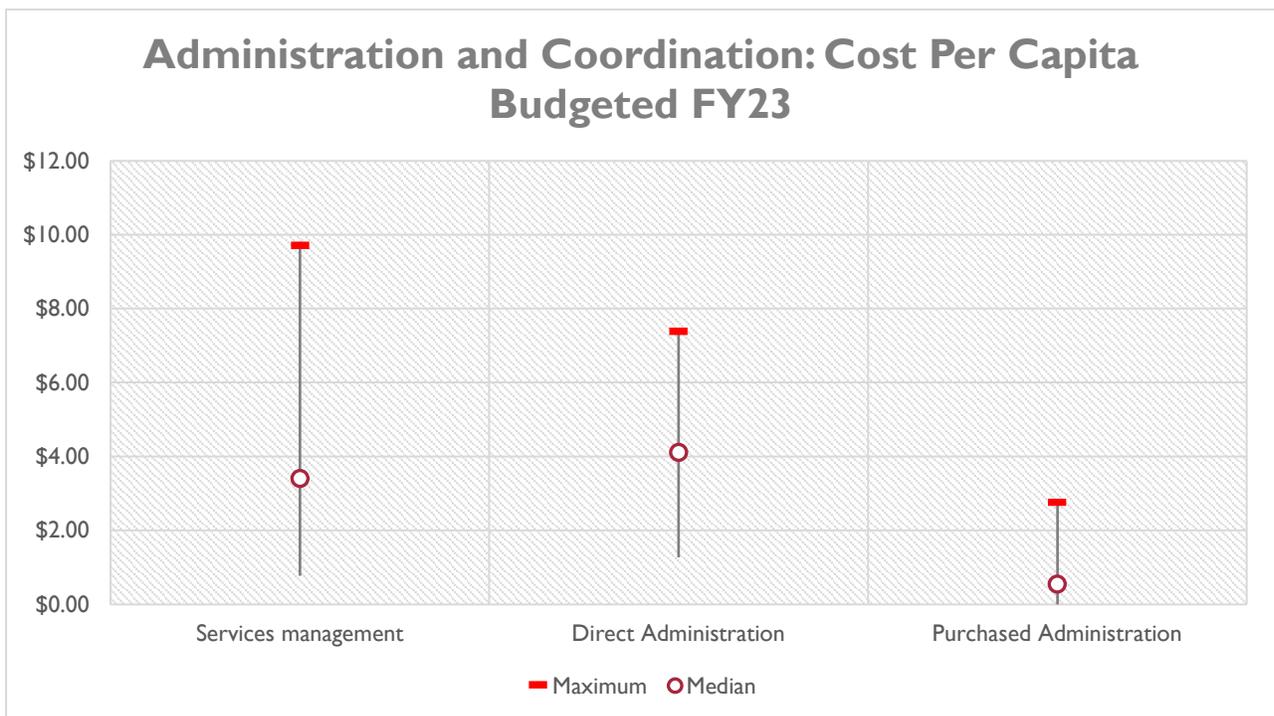
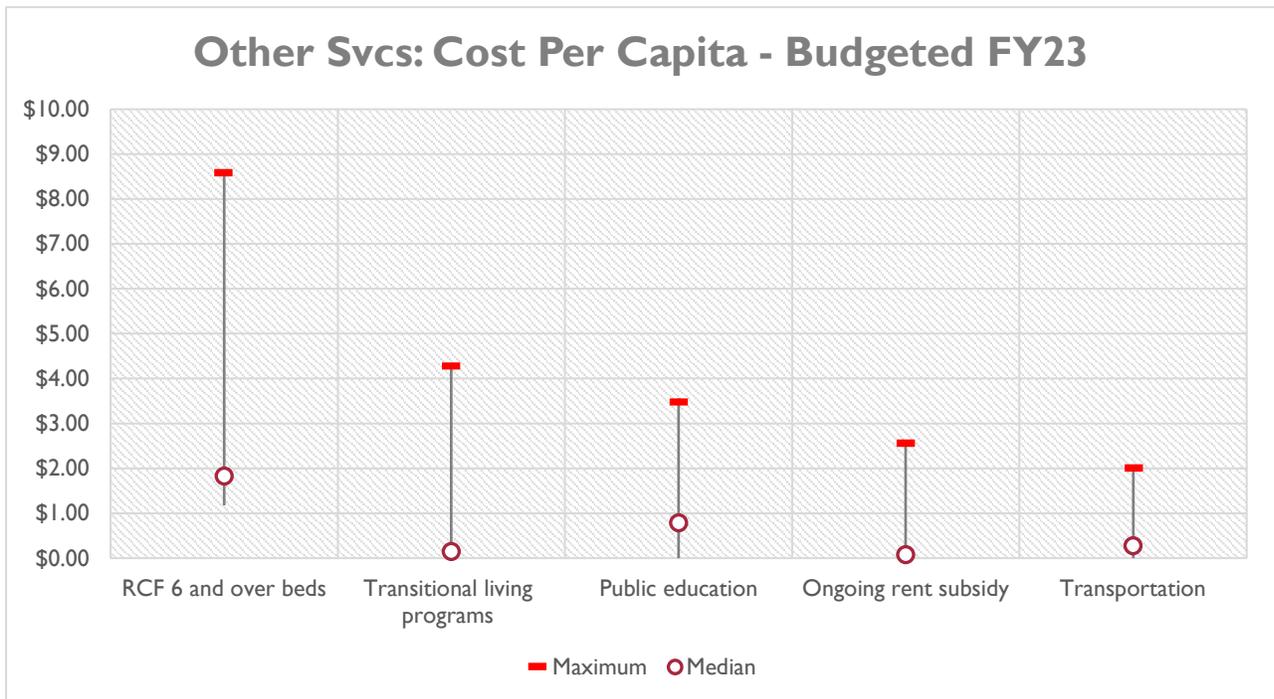
	Service Coordination	Day Habilitation	Educational Services	Family Support	Health Home/IHH	Job Development	Peer Support	Prevocational Services	Respite	Supported Employment	Therapeutic Foster Care
Care Connections of Northern Iowa	Y	N	N	Y	Y	N	Y	N	Y	N	N
Central Iowa Community Services	Y	N	P	Y	Y	Y	N	Y	Y	Y	N
County Rural Offices of Social Services	Y	N	Y	Y	P	Y	N	Y	Y	Y	N
County Social Services	Y	P	Y	Y	Y	N	N	N	N	N	N
Eastern Iowa MHDS Region	Y	N	Y	Y	Y	N	P	N	N	N	N
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
MHDS of East Central Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Polk County Region	Y	N	Y	Y	Y	N	N	N	N	N	N
Rolling Hills Community Services Region	Y	N	P	Y	Y	N	N	N	Y	N	N
Sioux Rivers MHDS	Y	N	Y	Y	Y	N	N	N	Y	N	N
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	N
Southern Hills Regional Mental Health	Y	N	N	Y	Y	N	N	N	N	N	N
Southwest Iowa MHDS Region	Y	N	Y	Y	Y	P	Y	N	P	P	N

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

Reporting for these services is optional for regions; services that were unreported were counted as Not Available

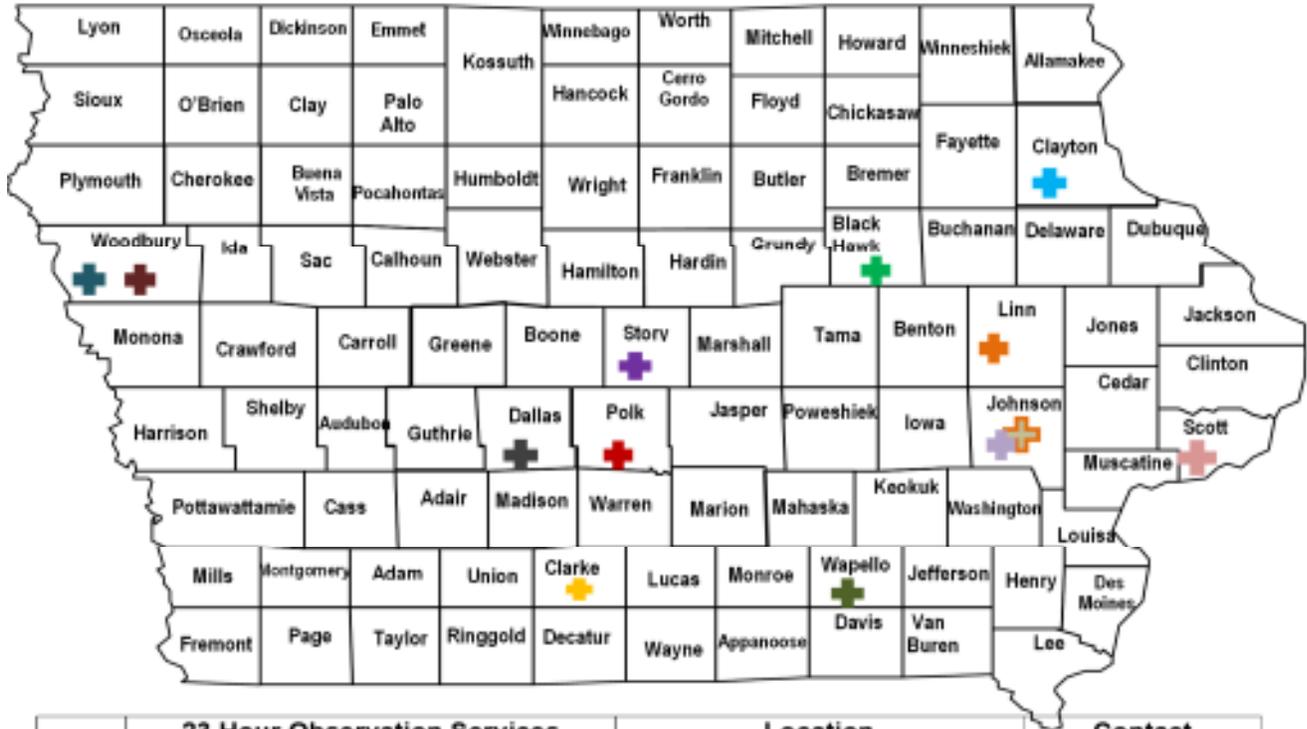
Day Habilitation, Job Development, Prevocational Services, Supported Employment, and Educational Services are for transitional age youth (17+)

Appendix C: Spending Estimates



Appendix D: Maps of Crisis Services

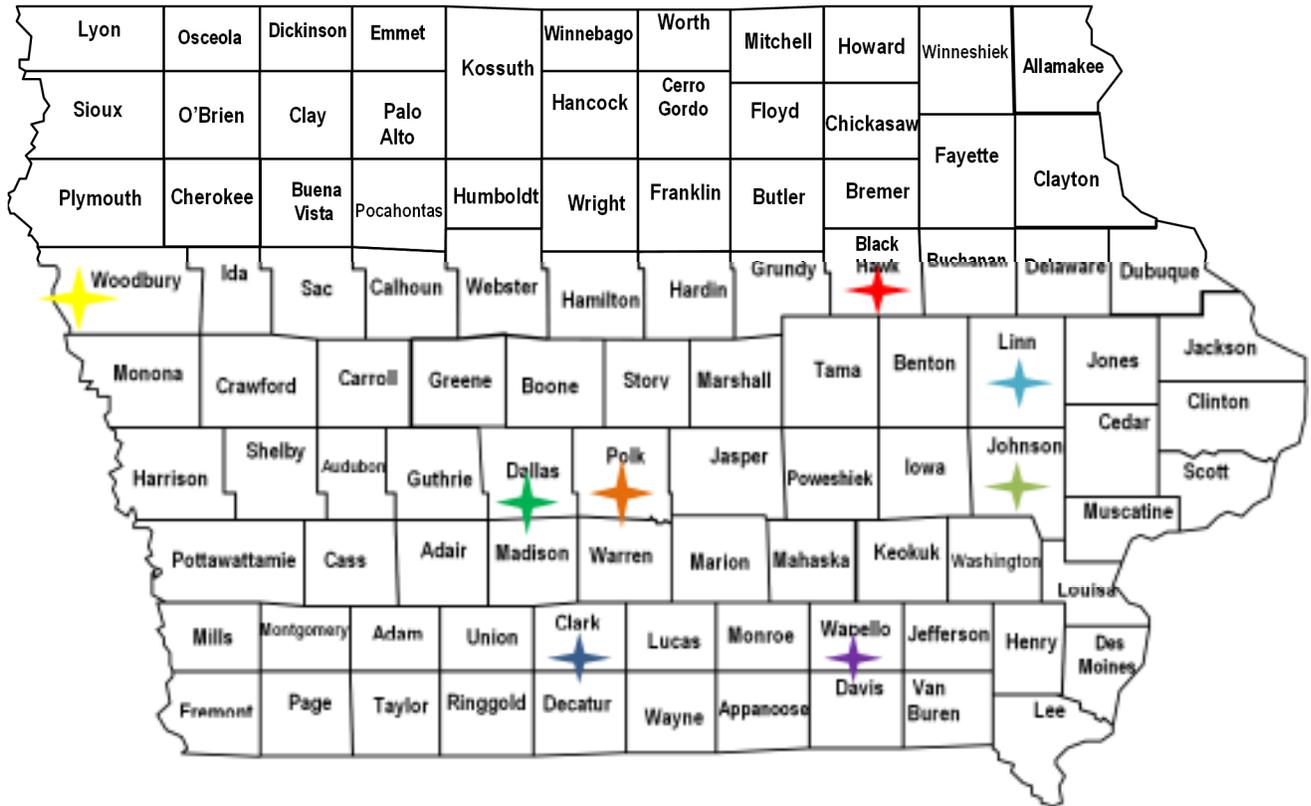
23 Hour Observation Services



	23 Hour Observation Services Provider	Location	Contact Information
	Broadlawn Medical Center	Des Moines/Polk County	515-282-5742
	Infinity Health	Osceola/Clarke County	641-342-1742
	Elevate CCBHC	Waterloo/Black Hawk County	833-370-0719
	Unity Point Robert Young Center	Davenport/Scott County	309-779-3000
	Guttenberg Hospital	Guttenberg/Clayton County	563-252-1121
	Mary Greeley Medical Center	Ames/Story County	515-239-6747
	AbbeHealth	Iowa City/Johnson County	319-887-2701
	AbbeHealth	Cedar Rapids/Linn County	319-398-3562
	Rosecrance Jackson Centers (Ages 11-18)	Sioux City/Woodbury County	800-472-9018
	Siouxland MHC Crisis Stabilization	Sioux City/Woodbury County	712-560-7996
	Southern Iowa Mental Health Center	Ottumwa/Wapello County	641-682-8772
	University of Iowa Hospital	Iowa City/Johnson County	800-777-8442
	Zion/Safe Harbor*	Woodward/Dallas County	515-642-4125

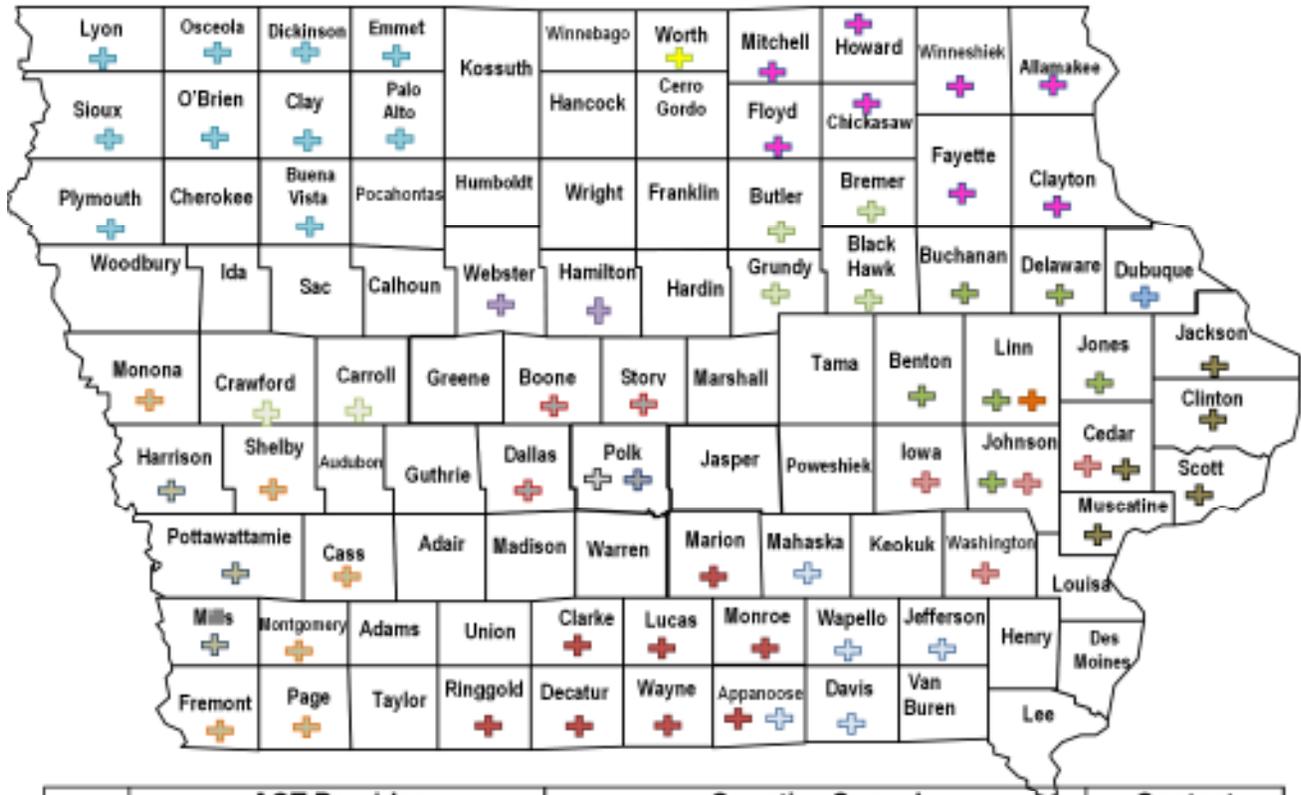
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Access Centers



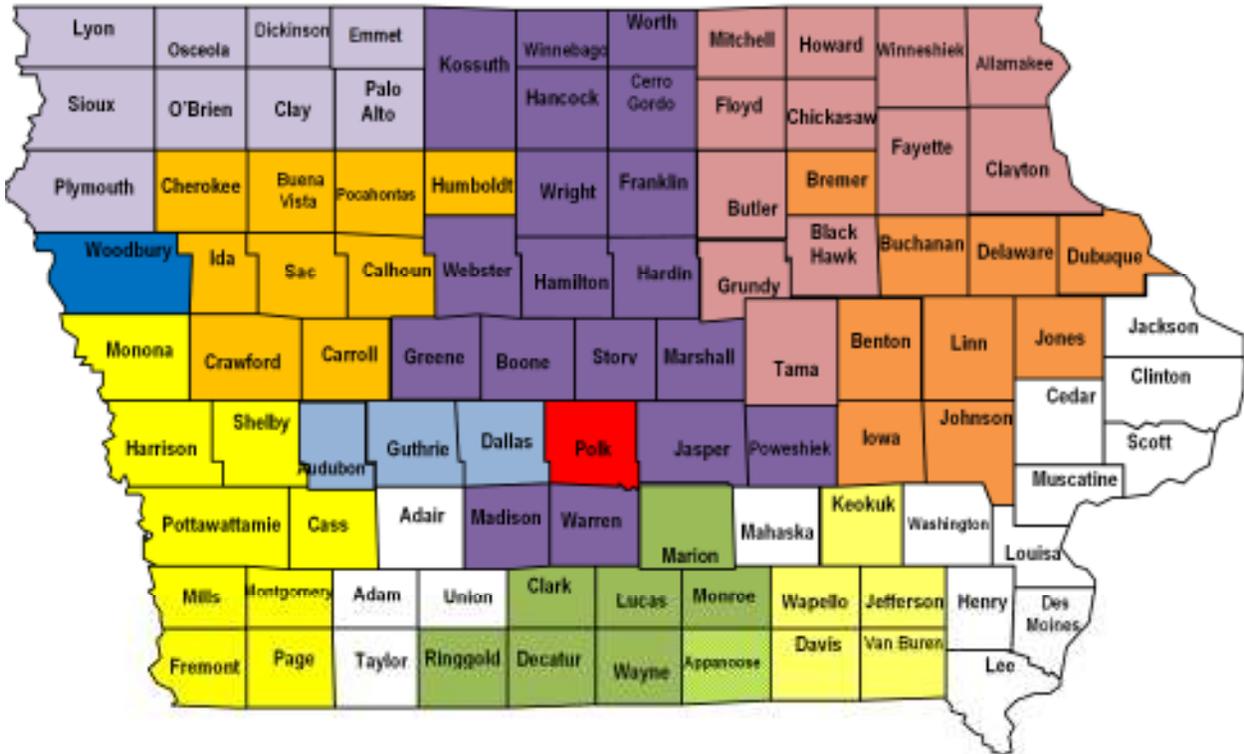
	Access Center	Location	Contact Information
	Infinity Health	Osceola/Clarke County	641-342-1742
	GuideLink Access Center	Iowa City/Johnson County	319-688-8000
	North Iowa Regional Services	Waterloo/Black Hawk County	319-291-2455
	Mental Health Access Center of Linn County	Cedar Rapids/Linn County	319-892-5612
	Southern Iowa Mental Health Center	Ottumwa/Wapello County	641-682-8772
	Polk County MHDS Access Center	Des Moines/Polk County	515-282-5742
	Zion Integrated Behavioral Health/Safe Harbor	Woodward/Dallas County	515-642-4125
	Siouxland MHC Access Center	Sioux City/Woodbury County	712-560-7996

ACT Teams



	ACT Provider	Counties Served	Contact
+	Abbe Center	Linn	319-398-3562
+	Berryhill	Hamilton, Webster	855-325-4296
+	Eyerly Ball (FACT)	Polk	515-241-0982
+	Eyerly Ball (PACT)	Polk	515-241-0982
+	Eyerly Ball	Boone, Dallas, Story	515-241-0982
+	Heartland Family Service	Harrison, Mills, Pottawattamie	712-435-5350
+	Heartland Family Service Rural ACT	Cass, Fremont, Monona, Montgomery, Page, Shelby	712-435-5350
+	Hillcrest	Dubuque	563-583-7357
+	Inspiring Lives	Allamakee, Chickasaw, Clayton, Fayette, Floyd, Howard, Mitchell, Winneshiek	563-422-5606
+	Resources for Human Development	Benton, Buchanan, Delaware, Johnson, Jones, Linn	319-826-2823
+	Resources for Human Development	Black Hawk, Bremer, Butler, Grundy	319-229-5030
+	Resources for Human Development	Appanoose, Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	641-632-2678
+	Seasons Center	Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux	844-345-4569
+	Plains Area Mental Health Center	Carroll, Crawford	712-792-2991
+	Southern Iowa Mental Health Center	Appanoose, Davis, Jefferson, Mahaska, Wapello	641-682-8722
+	University of Iowa IMPACT	Cedar, Iowa, Johnson, Washington	319-353-6151
+	Vera French Mental Health Center	Cedar, Clinton, Jackson, Muscatine, Scott	888-696-2896
+	Prairie Ridge	Worth	641-243-7297

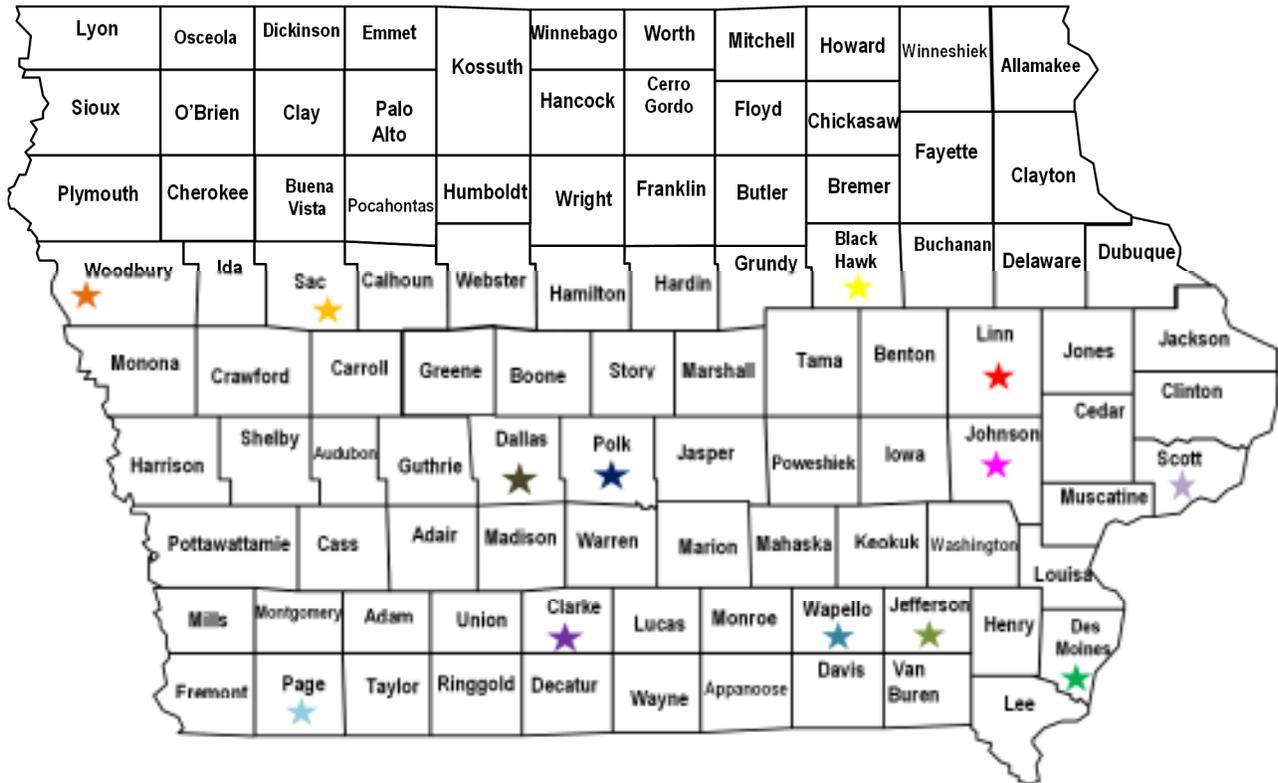
Crisis Stabilization Community-Based Services (CSCBS)



CSCBS Provider	Counties Served	Contact Information
Infinity Health	Appanoose, Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	641-342-1742 (Osceola) 641-828-6208 (Knoxville)
Eyerly Ball	Boone, Cerro Gordo, Franklin, Greene, Hancock, Hamilton, Hardin, Jasper, Kossuth, Madison, Marshall, Poweshiek, Story, Warren, Winnebago, Webster, Worth	844-581-8111
Elevate CCBHC	Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek	855-581-8111
Foundation 2	Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn	855-581-8111
Zion Integrated Behavioral Health*	Audubon, Dallas, Guthrie	911
American Home Finding Association (Under 18 years old)	Appanoose, Davis, Jefferson, Keokuk, Van Buren, Wapello	641-837-5272
Easterseals Iowa	Polk	515-288-0818
Siouxland Mental Health Center	Woodbury	888-696-2696
Plains Area Mental Health Center	Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac	888-696-2696
Seasons Center*	Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux	844-345-4569
Heartland Family Service	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	911

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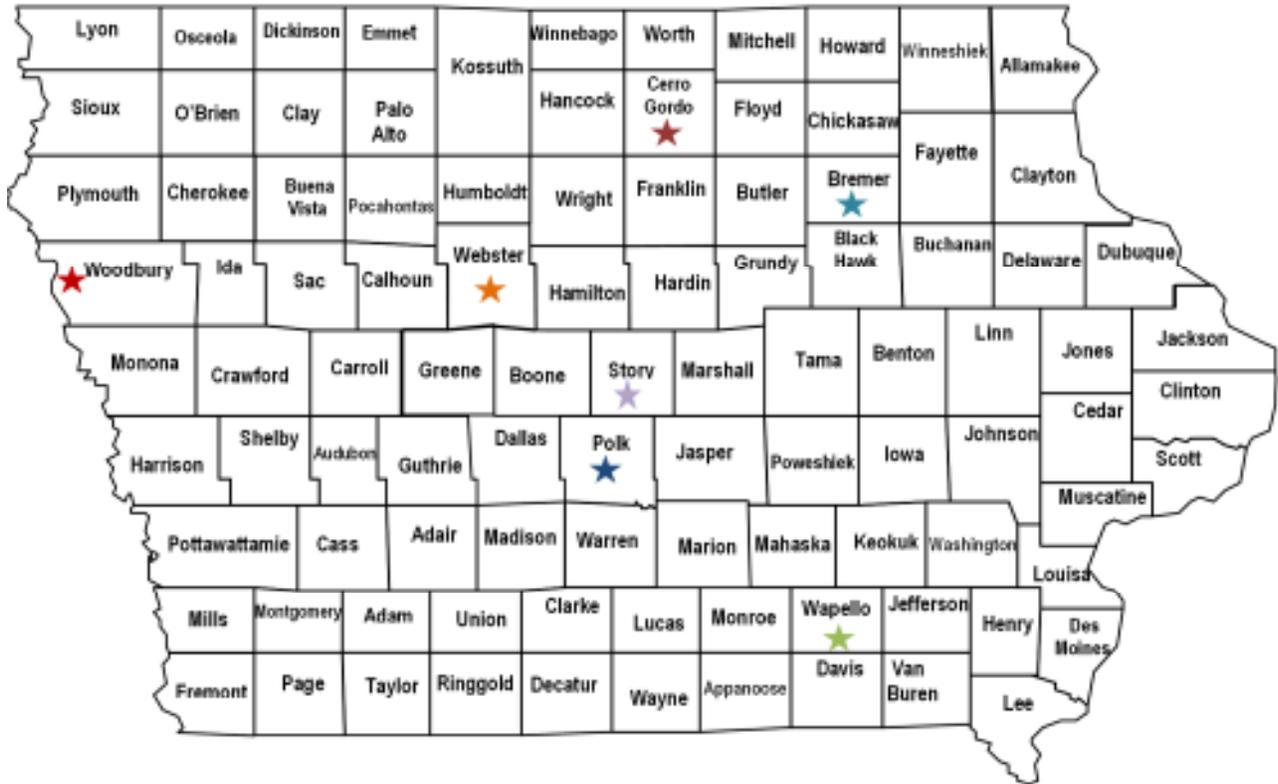
Crisis Stabilization Residential Services - Adult



	Crisis Stabilization Residential Services Provider	Location	Contact Information
★	Broadlawn Medical Center *	Des Moines/Polk County	515-282-8125
★	Infinity Health	Osceola/Clarke County	641-342-1742
★	First Resources	Fairfield/Jefferson County	641-472-7601
★	Hope Haven	Burlington/Des Moines County	319-209-2066
★	North Iowa Regional Services	Waterloo/Black Hawk County	319-291-2455
★	PAMHC-Turning Point	Sac City/Sac County	800-325-1192
★	AbbeHealth - Kingston Hill	Cedar Rapids/Linn County	319-294-5236
★	AbbeHealth - Chatham Oaks	Iowa City/Johnson County	319-887-2701
★	Siouxland MHC Crisis Stabilization	Sioux City/Woodbury County	712-560-7996
★	Southern Iowa Mental Health Center	Ottumwa/Wapello County	641-682-8772
★	Vera French CMHC	Davenport/Scott County	563-396-3017
★	Zion/Safe Harbor	Woodward/Dallas County	515-642-4125
★	Zion/Harbor Point	Clarinda/Page County	712-542-2388

*Not yet accredited

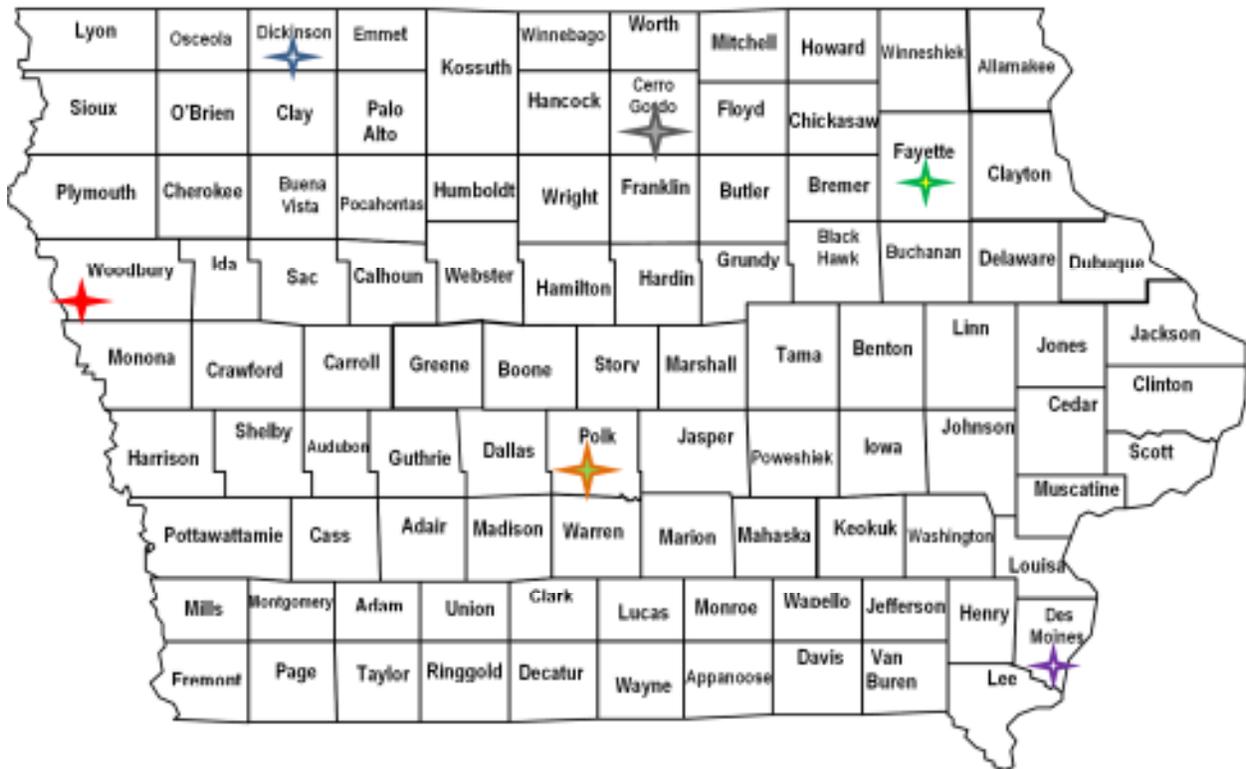
Crisis Stabilization Residential Services - Child



	Children's Crisis Stabilization Residential Services Provider	Location	Contact Information
★	Rosecrance Jackson Centers (Ages 11-18)	Sioux City/Woodbury County	800-472-9018
★	Youth Shelter Care of North Central Iowa, Inc. (Ages 12-18)	Fort Dodge/Webster County	515-955-4222
★	LSI Bremwood *	Waverly/Bremer County	319-352-2630
★	YSS Francis Lauer (Ages 12-18)	Mason City/Cerro Gordo	641-423-7362
★	YSS Rosedale (Ages 12-18)	Ames/Story County	515-233-2330
★	American Home Finding Association	Ottumwa/Wapello County	641-937-5272
★	Easterseals Iowa	Des Moines/Polk County	515-288-0818

*Not yet accredited

Intensive Residential Services



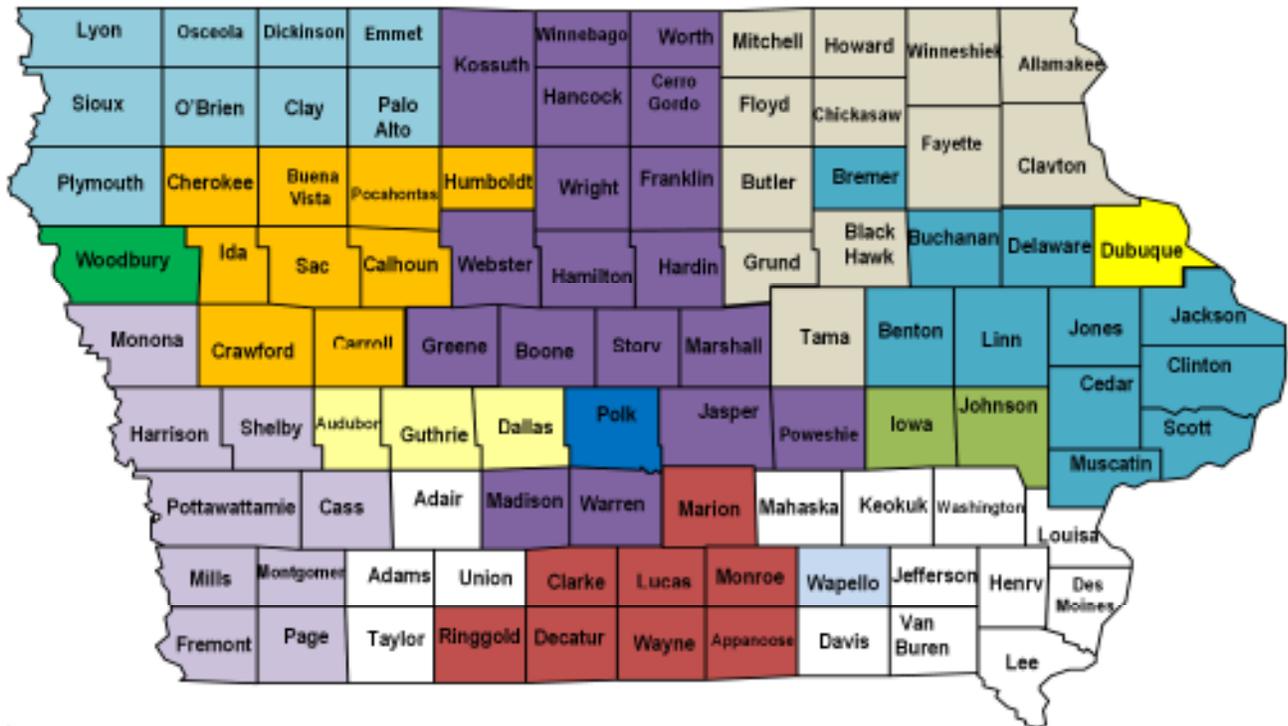
	IRSH Provider	Location	Contact Information
	Lakes LifeSkills (4 Beds - Hab)	Spirit Lake/Dickinson County	712-339-9311
	Trivium Life Services (4 Beds)	Sioux City/Woodbury County	712-256-7888
	Inspiring Lives (5 Beds)	West Union/Fayette County	563-412-9348
	First Resources (5 Beds - ID co-occurring)	Burlington/Des Moines County	641-622-2543
	Candeo	Des Moines/Polk County	515-259-8110
	43 North	Mason City/Cerro Gordo County	641-424-8708

OPEN
IN DEVELOPMENT

MHDS: 11/14/22

Access Standards:
Service available within two hours of the individual's residence

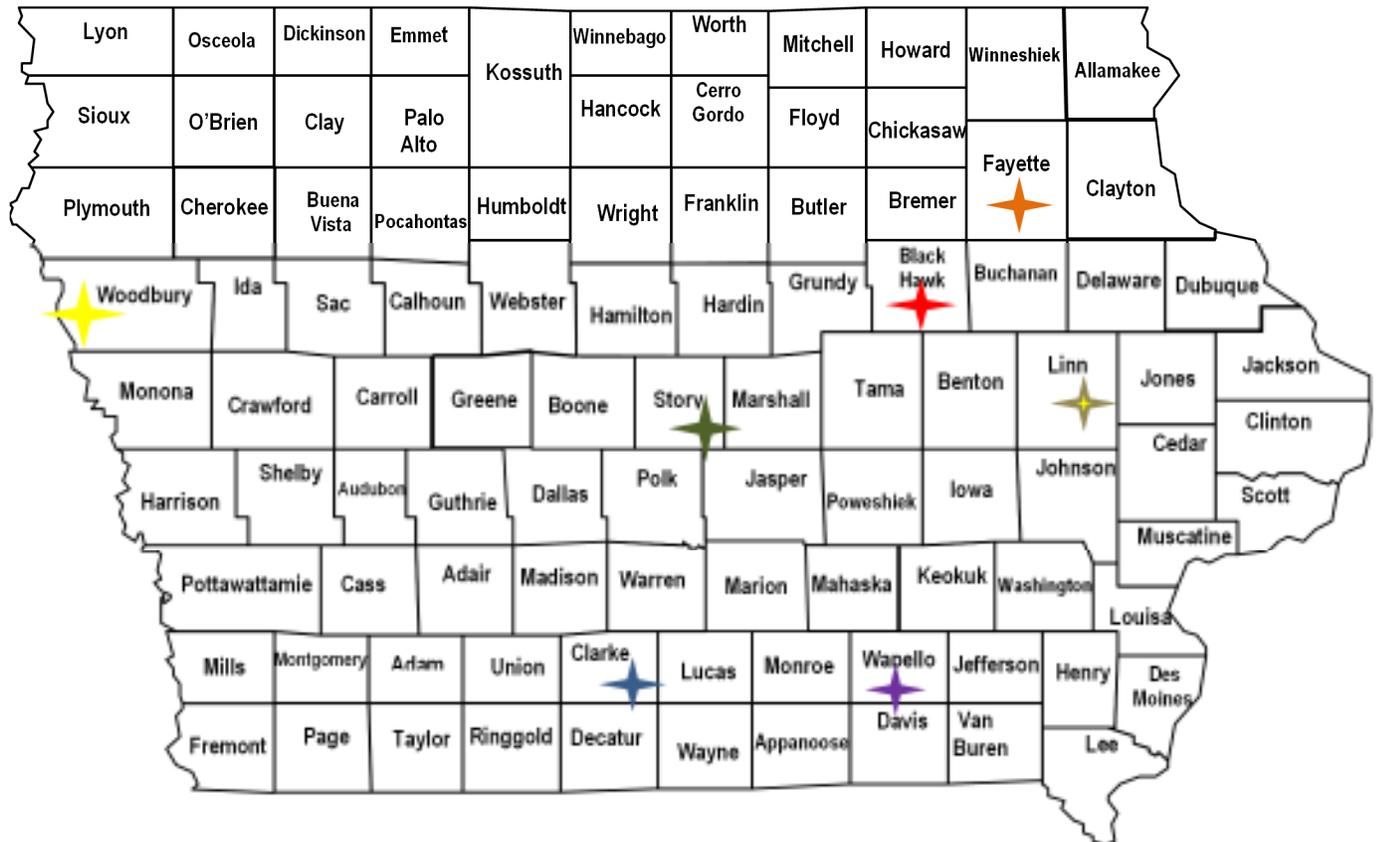
Mobile Crisis Response



*Not yet accredited

	Mobile Crisis Provider	Counties Served	Contact Information
	Broadlawns*	Polk	911
	CommUnity	Iowa, Johnson	855-800-1239
	Infinity Health	Appanoose, Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	641-342-1742
	Elevate	Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek	855-581-8111
	Eyerly Ball	Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Kossuth, Madison, Marshall, Poweshiek, Story, Warren, Webster, Winnebago, Worth, Wright	855-581-8111
	Foundation 2	Cedar, Clinton, Jackson, Muscatine, Scott	844-430-0375
		Benton, Bremer, Buchanan, Delaware, Jones, Linn	855-581-8111
	Heartland Family Service	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	911
	Hillcreek	Dubuque	563-583-7357
	Plains Area Mental Health Center	Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac	888-696-2896
	Zion	Audubon, Dallas, Guthrie	911
	Seasons Center	Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux	844-345-4569
	Siouxland Mental Health Center	Woodbury	888-696-2896
	Southern Iowa Mental Health Center	Wapello	844-430-8520

Subacute Services



	Subacute Provider	Location	Contact Information
	Infinity Health (7 Licensed Beds)	Osceola/Clarke County	641-342-1742
	North Iowa Elite Mental Health Services (10 Licensed Beds)	Waterloo/Black Hawk County	319-291-2455
	Mental Health Access Center of Linn County (2 Licensed Beds)	Cedar Rapids/Linn County	319-892-5612
	Southern Iowa Mental Health Center (3 Licensed Beds)	Ottumwa/Wapello County	641-682-8772
	Inspiring Lives (6 Licensed Beds)	Fayette/Fayette County	563-422-5606
	Mary Greeley Medical Center (8 Licensed Beds)	Ames/Story County	515-239-6747
	Siouxland Mental Health Center (5 Licensed Beds)	Sioux City/Woodbury County	712-560-7996